

Name
in
Full

Anne R. Amos

CERTIFICATE OF DEATH

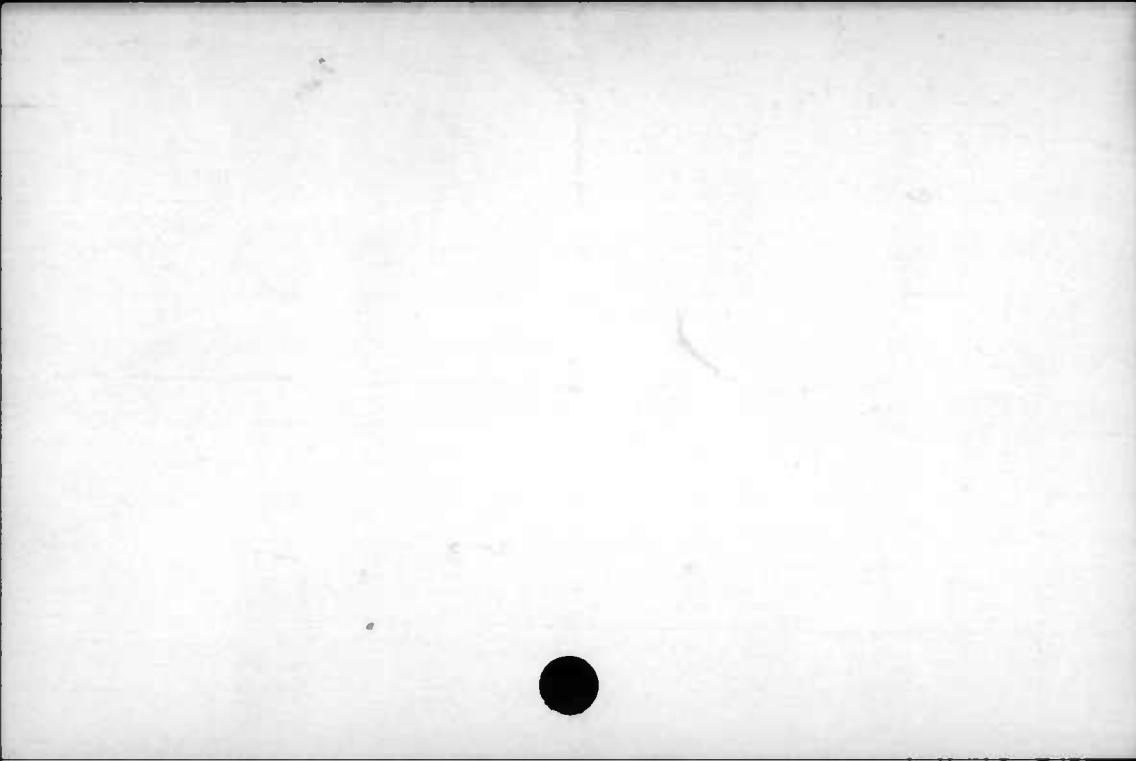
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sykesville</i>		Town <i>Carroll</i>		County	
Date of death <i>1905</i>		Month <i>11th</i>	Day <i>6th</i>	Age <i>46</i>	Years
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Penna.</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>St. L. Amos</i>			
Father's Name <i>J. Gost</i>		Father's Birthplace <i>Pa.</i>			
Mother's Maiden Name <i>Ruth Kohler</i>		Mother's Birthplace <i>Pa</i>			
Name of person giving information <i>St. L. Amos</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Paresis</i>	How long <i>About 2 years.</i>
Immediate <i>Exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Norfolk Morris M.D.</i>
	Address <i>Springfield Hospital Sykesville, Carroll Co. Md</i>
Accident or Suicide? <i>-</i>	



Name in Full		Cordelia Barnes						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Winfield			County Carroll			MARYLAND	
	Date of death	1905	Month 11	Day 13	Age	Years 77	Months 6	Days 28	
	Sex	Female			Color or Race	White			
	Birthplace	Maryland.							
	Occupation	Household			Where Residing if not at place of death			Winfield. Md.	
	Married, Single or Widowed	Widowed			Name of Wife or Husband			Mrs. H. G. Barnes (deceased)	
	Father's Name	John Becraft, (deceased)			Father's Birthplace			Maryland	
Mother's Maiden Name	Louisa Carr. (")			Mother's Birthplace			Ireland		
Name of person giving information	Mary A. Williams			How related to deceased			Daughter.		
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary	Capillary Bronchitis					How long	5 days	
	Immediate	" "					How long	3 days	
	Are the name, age, sex, color, date and place correctly given above?		Yes			Signature of Physician		E. D. Crook	
						Address		Winfield	
	Accident or Suicide?								

Mr. Pleasant,

Name
in
Full

George W. Bayer

CERTIFICATE

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Springfield State Hospital - Carroll Co.* Town *Springfield* County *Carroll Co.*

MARYLAND

Date of death *1905 Nov. 17* Month *Nov.* Day *17* Age *54* Years Months Days

Sex *male* Color or Race *White* Birth-place *Maryland*

Occupation Where Residing is not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *Hospital records* How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

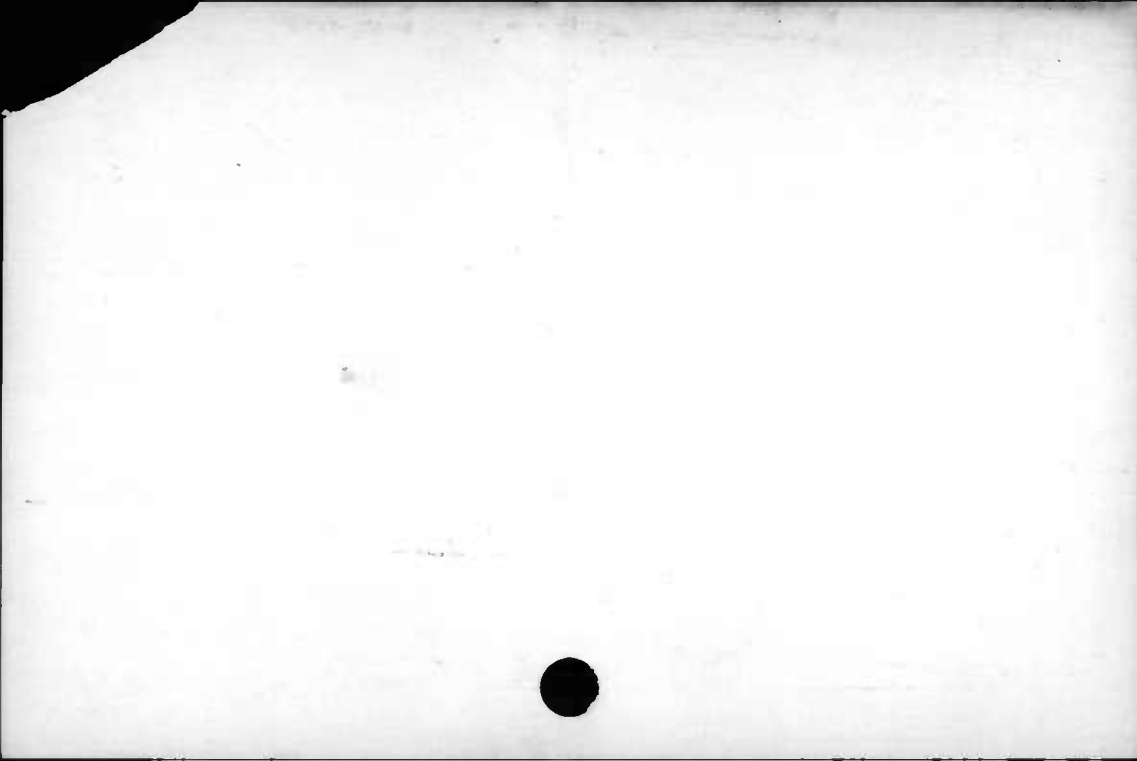
Primary *Chr. Alcoholic dementia* How long *about 4 yrs*

Immediate *General debility* How long

Are the name, age, sex, color, date and place correctly given above? *To best* Signature of Physician *Char J. Carey M.D.*

of my knowledge Address *Lysieville*

Accident or Suicide? *Carroll Co. Md.*



Name
in
full

Ida May Bucraft.

CERTIFICATE OF DEATH

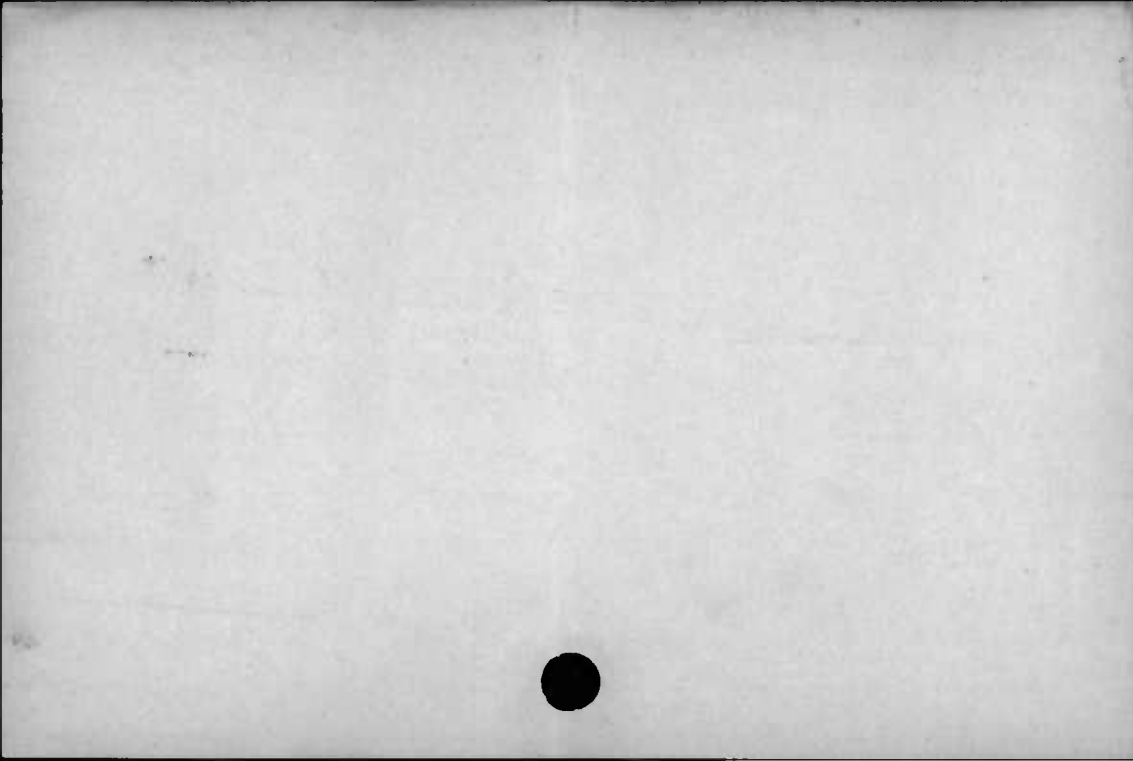
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		Nov	23			1	
Sex		Color or Race		Birth-place			
Female		White		Maryland			
Occupation				Where Residing if not at place of death			
				At place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Haley Bucraft				Maryland			
Mother's Maiden Name				Mother's Birthplace			
Amanda White				Maryland			
Name of person giving information				How related to deceased			
Amanda White				Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastralgia	How long	From Birth
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Wm. H. Ward, M.D.	
		Address	
		Harrisonville, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

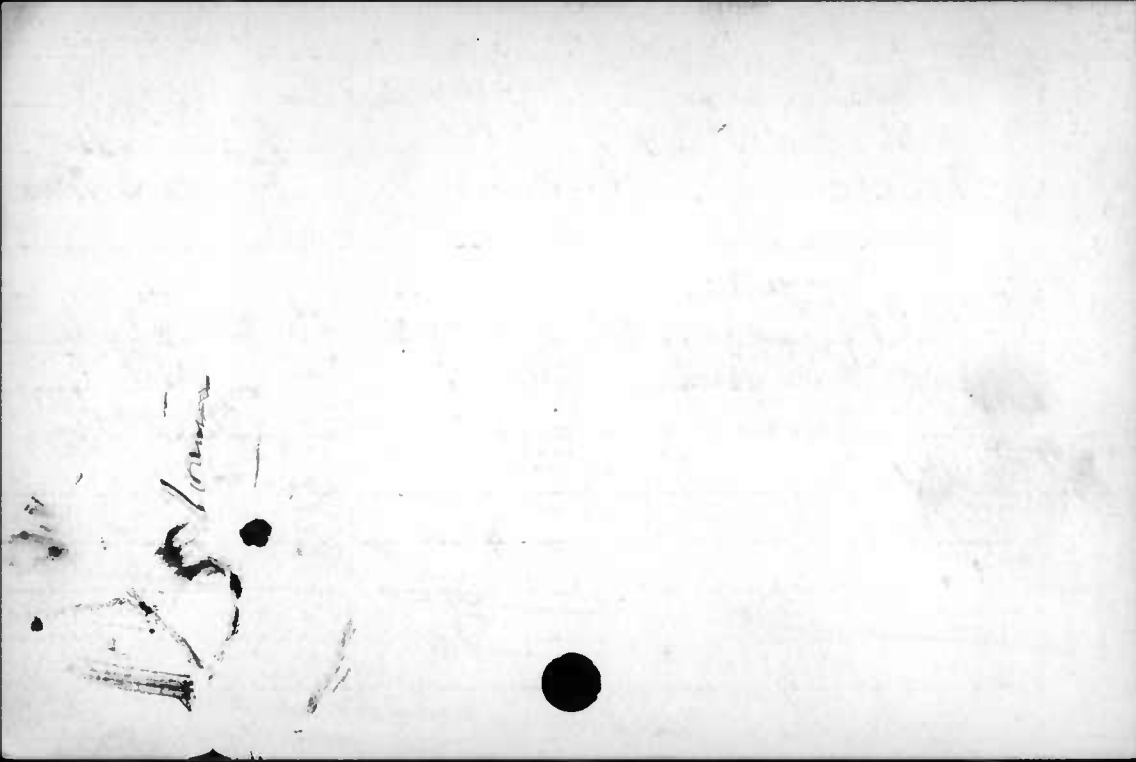
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month <i>Nov.</i>	Day <i>29</i>	Age	Years <i>18</i>	Months <i>9</i>	Days <i>12</i>
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Carroll Co. Md</i>
Occupation	<i>Engineer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>William H. Behor</i>				Father's Birthplace	<i>Carroll Co. Md</i>	
Mother's Maiden Name	<i>Lucretia Myers</i>				Mother's Birthplace	<i>" "</i>	
Name of person giving information	<i>Lucretia Behor</i>				How related to deceased	<i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis Pulmonary</i>		How long	<i>3 or 4 mos</i>
Immediate	<i>Exhaustion</i>		How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		Signature of Physician	<i>Chas. R. Touzard MD</i>
			Address	<i>Westminster Md</i>
Accident or Suicide?	<i>—</i>			



Name
in
Full

Georgiana V. Bennett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

97

Died at <i>Gambier</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Nov</i>	Day <i>19</i>	Age <i>61</i>	Months <i>1</i>	Days <i>21</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Maryland</i>			
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Eli J. Bennett</i>				
Father's Name <i>Samuel Hardin</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Ann Eliza Logan</i>	Mother's Birthplace <i>Idaho</i>				
Name of person giving information <i>Eli J. Bennett</i>	How related to deceased <i>Nephew</i>				

CAUSES OF DEATH

Primary <i>Diabetes</i>	How long <i>5 or 6 yrs</i>
Immediate <i>Septicemia</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. S. N. Garrison</i>
	Address <i>Gambier Md</i>
Accident or Suicide?	

Gambler
Shinner

Name in Full		TAVINA BOYD				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Toneytown		Carroll		MARYLAND		
	Date of death	1905	Month 11	Day 20	Age 62	Months 8	Days 1	
	Sex	Female		Color or Race	white		Birth-place	Ind
	Occupation	House wife			Where Residing if not at place of death			
	Married, Single or Widowed	Single			Name of Wife or Husband			
	Father's Name	Samuel Babylon			Father's Birthplace	Ind		
	Mother's Maiden Name	Slyder			Mother's Birthplace	Ind		
Name of person giving information	Nelson Boyd			How related to deceased	Husband			
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Cerebral Hemorrhage.				How long	One week	
	Immediate					How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
	Yes				Address			
	Accident or Suicide?				Toneytown, Ind.			

100



Name in Full		Hester A Buckingham				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Town <i>Gamber</i>		County <i>Carroll</i>		MARYLAND		
	Date of death <i>1905</i>	Month <i>Nov</i>	Day <i>10</i>	Age <i>56</i>	Months	Days	
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		
	Occupation <i>Housewife</i>			Where Residing if not at place of death			
	Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Obadiah Buckingham</i>				
	Father's Name <i>Jalbutt Hamilton</i>				Father's Birthplace		
	Mother's Maiden Name <i>Elizabeth Priott</i>				Mother's Birthplace		
Name of person giving information <i>O. Buckingham</i>				How related to deceased <i>Husband</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Cardiac dilatation</i>			How long <i>5 Mo's</i>			
	Immediate <i>Heart failure</i>			How long <i>36 hours</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>Dr. S. N. Gorsuch</i>			
				Address <i>Gamber Md</i>			
Accident or Suicide? <i>No</i>							

Gambler



Name
in
Full

Susannah Corry,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Winfield</i>		County <i>Carroll</i>		MARYLAND	
Date of death		Month <i>1905</i>	Day <i>11</i>	Age <i>90</i>	Years <i>1</i>	Months <i>16</i>	Days <i>16</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Household</i>				Where Residing if not at place of death <i>Winfield Md.</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Josiah Corry, (deceased)</i>					
Father's Name <i>Peter Engle, (deceased)</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Hannah Myers, (deceased)</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>David H. Gile.</i>		How related to deceased <i>Son-in-Law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>senile Dementia</i>	How long	<i>one week</i>
Immediate	<i>ic</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>E. D. Cronk</i>	
		Address <i>Winfield Md.</i>	
Accident or Suicide?			

Ebenezer,

Name
in
Full

Infant child Flater (M. W.)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sandysville</u>		Town <u>Sandysville</u>		County <u>Carroll</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Nov</u>	Day <u>20</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Maryland</u>				
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>				
Father's Name <u>Marshall Flater</u>			Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Lucinda Blizzard</u>			Mother's Birthplace <u>—</u>				
Name of person giving information <u>Marshall Flater</u>			How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>Still Born</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>T. J. Bowman</u>
	Address <u>Westminster</u>
Accident or Suicide?	

~~Imagined~~

Pleasant Group

Shower

Name
in
Full

Noble Wesley Fogle

CERTIFICATE OF DEATH

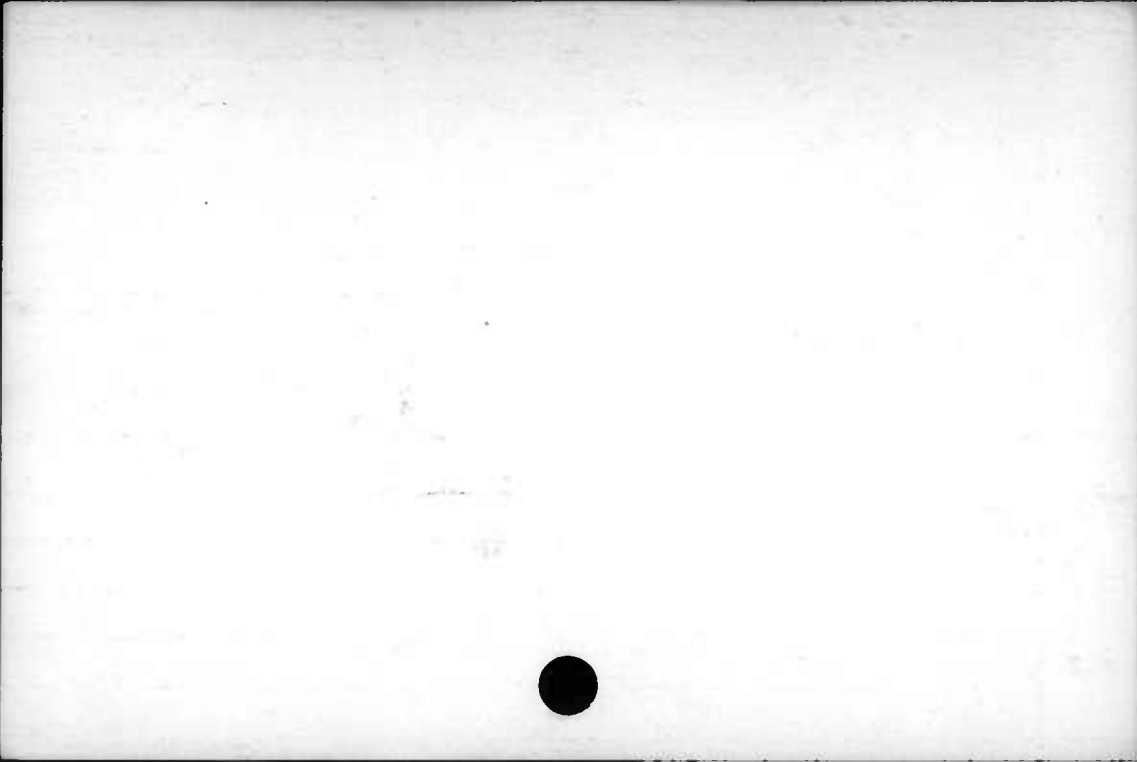
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Double Pitt Creek</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	<i>1905</i> ^{Month}	<i>Nov</i> ^{Day}	Age	<i>2</i> ^{Years}	<i>2</i> ^{Months}
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Madisonburg, Md.</i>	
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>John Wesley Fogle</i>		Father's Birthplace	
Mother's Maiden Name		<i>Ada E. Stane</i>		Mother's Birthplace	
Name of person giving information		<i>J. W. Fogle</i>		How related to deceased	
				<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dystocia</i>	How long	<i>36 hrs</i>
Immediate	<i>Convulsions</i>	How long	<i>1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>D. H. Diller</i>	
		Address	
		<i>Detour.</i>	
Accident or Suicide?		Maryland	



Name
in
Full

William Gill

CERTIFICATE OF DEATH

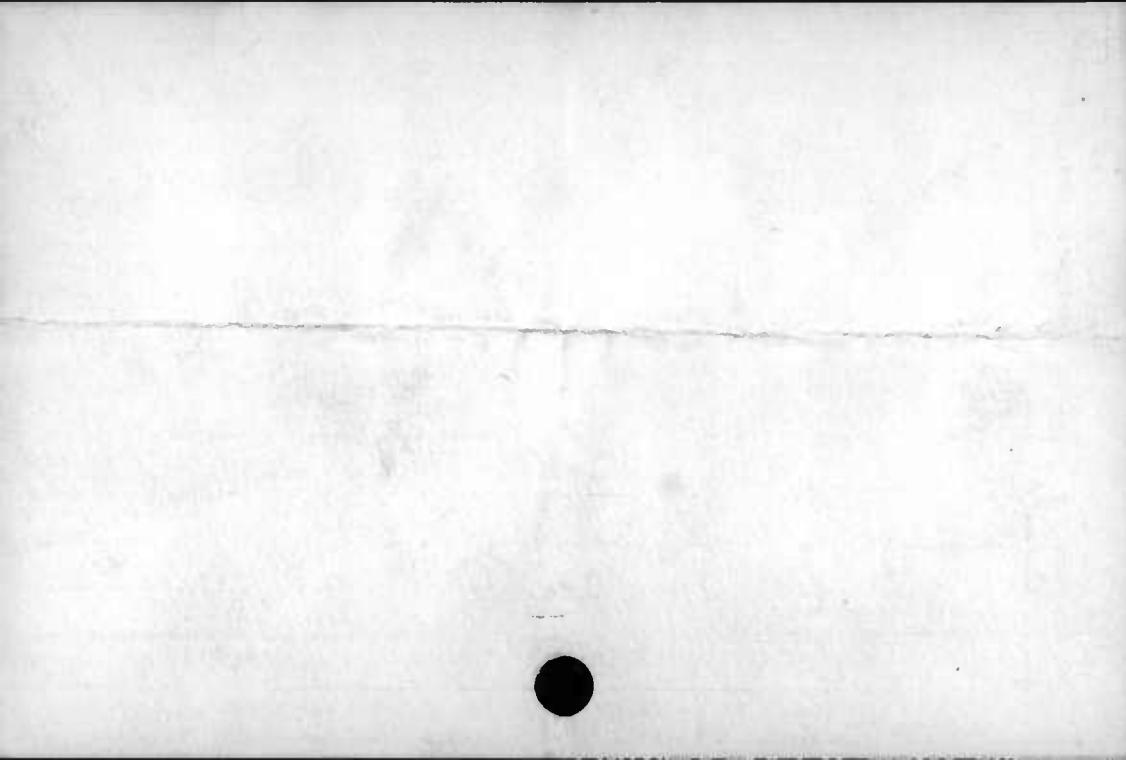
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Wooder Emory		County Carroll		MARYLAND			
Date of death 190		5	Month 11	Day 21	Age 70	Years	Months —	Days —	
Sex		Male		Color or Race		White		Birth- place	Ind
Married, Single or Widowed		Widower		Occupation		Laborer			
Name of Wife or Husband		—							
Father's Name		—					Father's Birthplace		—
Mother's Maiden Name		—					Mother's Birthplace		—
Name of person giving In formation		Benj Bond					How related to deceased		none

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Indigestion	How long	—
Immediate	Heart Disease	How long	few hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Jas H Wilson	
Address		Fairblessburg Ind	
Accident or Suicide?		—	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name of deceased <i>Susan R. Gosnell</i>		Town <i>near Daniel</i>		County <i>Carroll</i>		MARYLAND	
Died at							
Date of death <i>1905</i>		Month <i>11</i>		Day <i>30</i>		Age <i>61</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>-</i> Days <i>13</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Gassaway G. Gosnell</i>					
Father's Name <i>Jacob Tanner, (deceased)</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Emeline Fisher ("")</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Gassaway G. Gosnell</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Indigestion</i>	How long	<i>few hours</i>
Immediate	<i>Heart failure</i>	How long	<i>Instantaneous</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Ed Leunk</i>	
		Address <i>Winfield Md.</i>	
Accident or Suicide?			

Cheney

Name
in
Full

Ann. M. Haines

CERTIFICATE OF DEATH

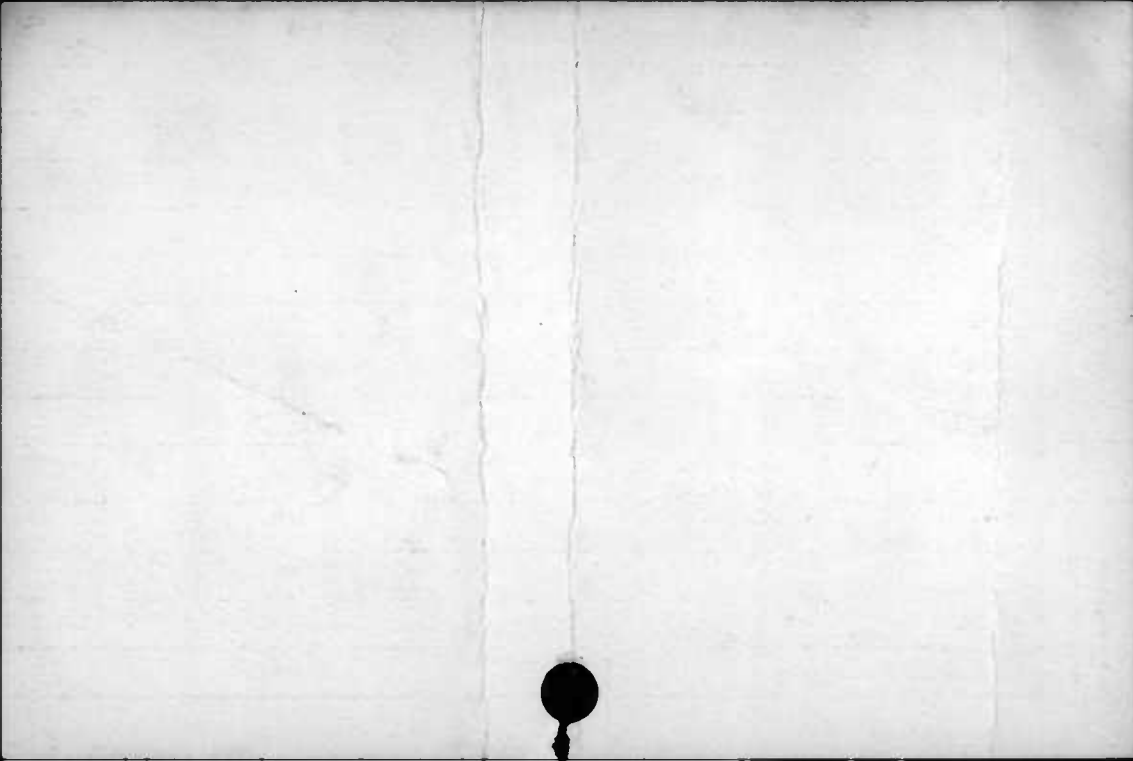
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Uniontown</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	<i>Nov</i> ^{Month}	<i>3</i> ^{Day}	Age <i>69</i> ^{Years}	<i>7</i> ^{Months}	<i>21</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Near Uniontown Md</i>		
Married, Single or Widowed <i>Widowed</i>			Occupation		
Name of Wife or Husband <i>Mordecai Haines</i>					
Father's Name <i>John Babylon</i>			Father's Birthplace <i>Carroll County</i>		
Mother's Maiden Name <i>Mary Babylon</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>John E. Somers</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Intestinal Hepatitis</i>	How long <i>8 months</i>
Immediate <i>Dropsy & Heart failure</i>	How long <i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. D. C. Hoff</i>
	Address <i>Union Bridge</i>
Accident or Suicide?	



Name
in
Full

Frank E. Hammurslough

CERTIFICATE OF DEATH

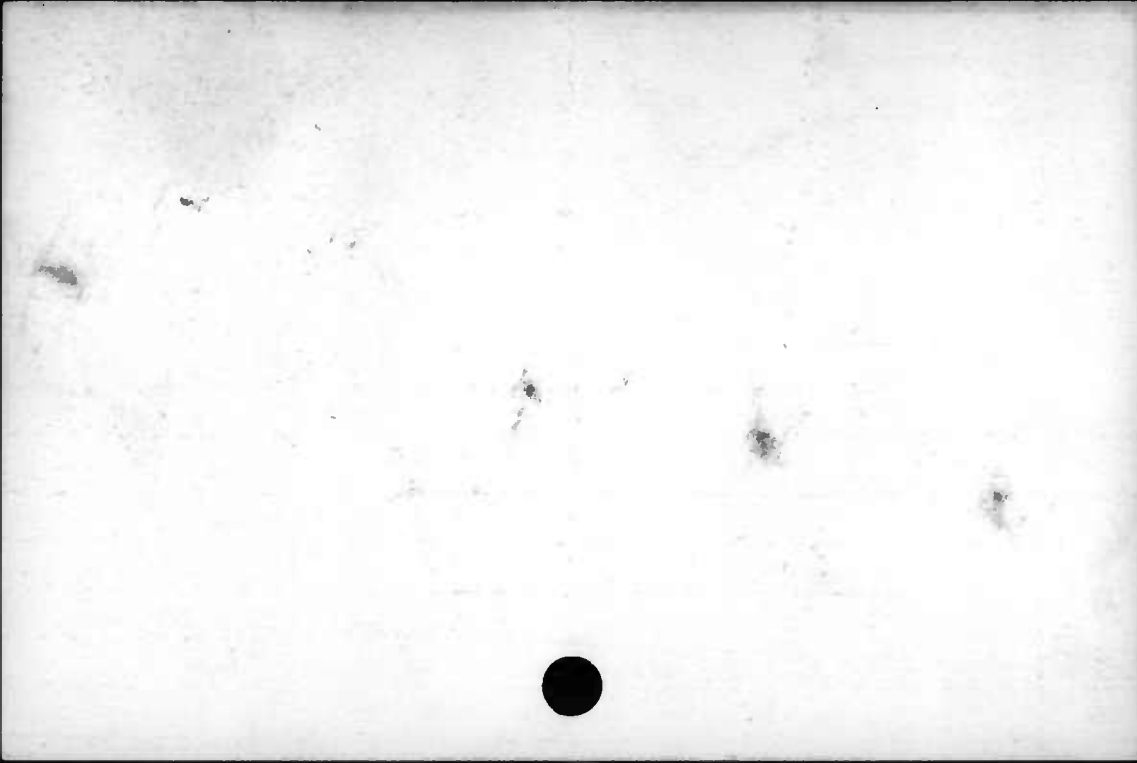
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oakland.</i>		Town <i>Canoe.</i>		County		MARYLAND	
Date of death <i>1900</i>	Month <i>Nov.</i>	Day <i>2nd</i>	Age <i>2</i>	Years <i>2</i>	Months <i>8</i>	Days <i>19</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland.</i>				
Occupation <i></i>			Where Residing if not at place of death <i>Place of death.</i>				
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>					
Father's Name <i>Lewis Hammurslough</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Mary P. Shipley</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Lewis Hammurslough</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Sepsis</i>	How long <i>Three days.</i>
Immediate <i>Suppuration</i>	How long <i>Three hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Wm. W. Ward, M.D.</i>
	Address <i>Harisornville</i>
Accident or Suicide? <i></i>	<i>Wm.</i>



Name

in
Full

John T. Harrison

CERTIFICATE OF DEATH

Died at ^{Town} Springfield Hospital^{County} Carroll

MARYLAND

Date
of death 1905Month
Nov.Day
4thAge
75^{Years}

Months

Days

Sex
MaleColor or
Race

White

Birth-
place

Ind.

Occupation

Farmer

Where Residing if not
at place of deathMarried, ~~Male~~
or ~~Widow~~Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
in formation

Hospital record

How related
to deceased

CAUSES OF DEATH

Primary

Senile dementia

How long

Immediate

Chr. Diarrhoea

How long

10 wks

Are the name, age, sex, color, date
and place correctly given above?

So best

Signature of
Physician

Chas J. Camy

Address

Lykewille Ind

of my knowledge

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

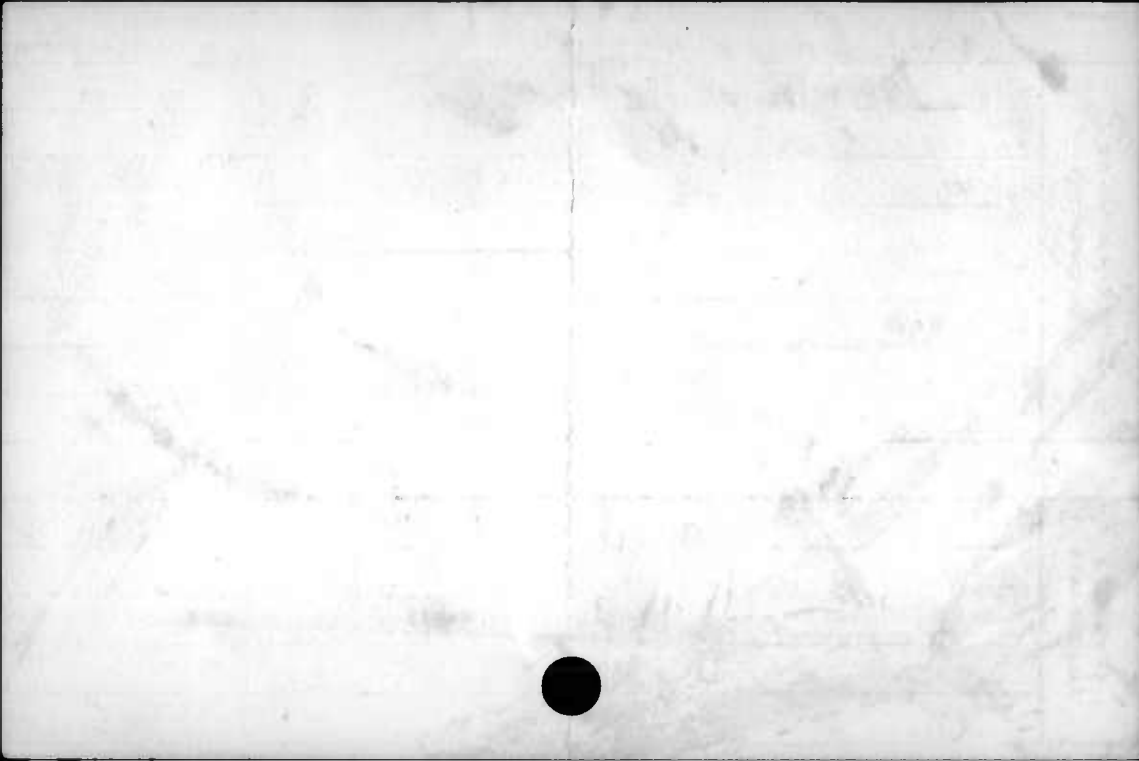
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>1700000000</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Nov.</i>	Day <i>14</i>	Age <i>70</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place		
Occupation			Where Residing if not at place of death <i>At place of death</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Eliz. Hatfield</i>			
Father's Name <i>Wm. Evans</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information <i>Katherine Evans</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis & General Debility</i>	How long <i>About 2 years</i>
Immediate <i>Senile Pneumonia</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician <i>McH. Warfield</i>	
Address <i>Lisbon Md</i>	
Accident or Suicide?	



Name
in
FullJohn Heyward
Gorsuch^{Town} Dykesville^{County}

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

1905

Month

Nov

Day

12

Years

Age 53

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Batts Co. Md.

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Emma

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information

Colored man Johnson

How related
to deceased

CAUSES OF DEATH

Primary

Pulmonary trouble

Immediate

Pneumonia

How long

Complaining 4 mos

How long

8 or 10 days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

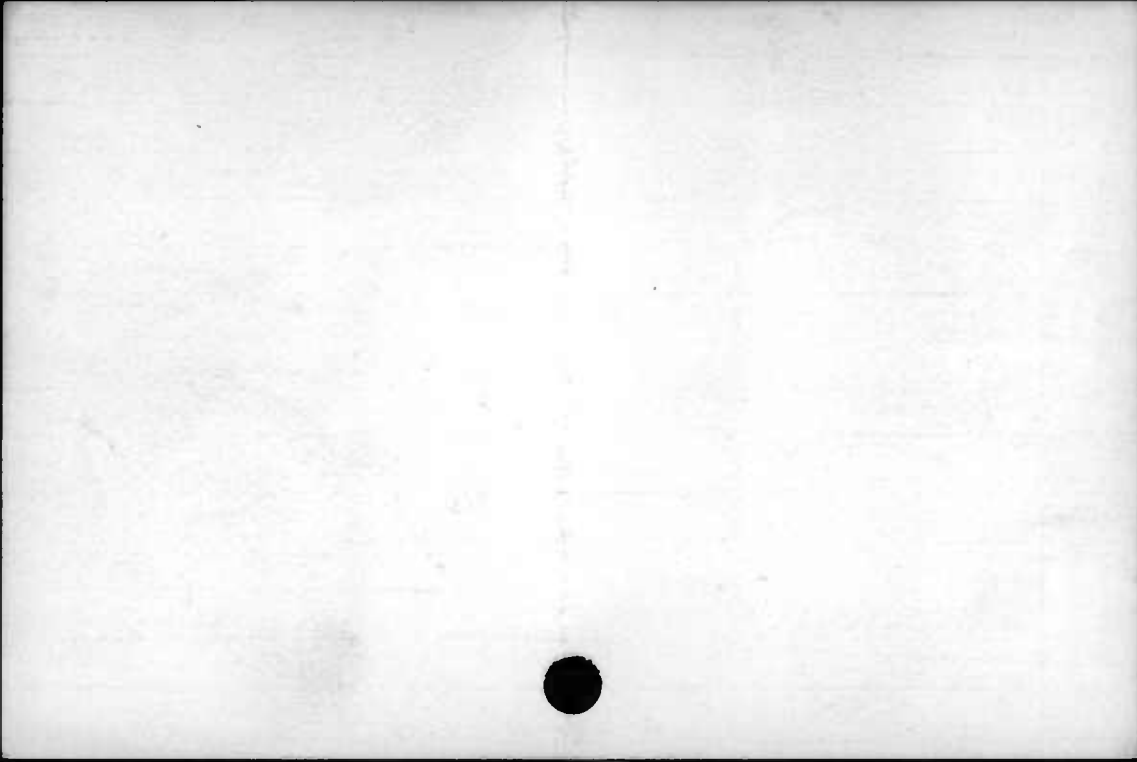
Daniel B. Sprecher

Address

Dykesville
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Union Bridge</i>		Town <i>Conroll</i>		County		No. <i>125</i>	
Date of death <i>1905 Nov. 27</i>		Month <i>Nov.</i>		Day <i>27</i>		Age <i>16</i>	
Sex <i>Male</i>		Color or Race <i>Black.</i>		Birth-place <i>New Union Bridge</i>		Months	
Occupation <i>none</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Henry S. Hollenworth</i>		Father's Birthplace <i>New Union Bridge</i>					
Mother's Maiden Name <i>Esther Williams</i>		Mother's Birthplace <i>New Union Bridge</i>					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

Primary <i>Tuberculosis</i>	How long <i>18 months</i>
Immediate <i>Pulmonary Hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. J. E. Luff</i>
	Address <i>New Union Bridge</i>
Accident or Suicide?	

747 Olive

Name
in
Full

Frank G. Hoob

CERTIFICATE OF DEATH

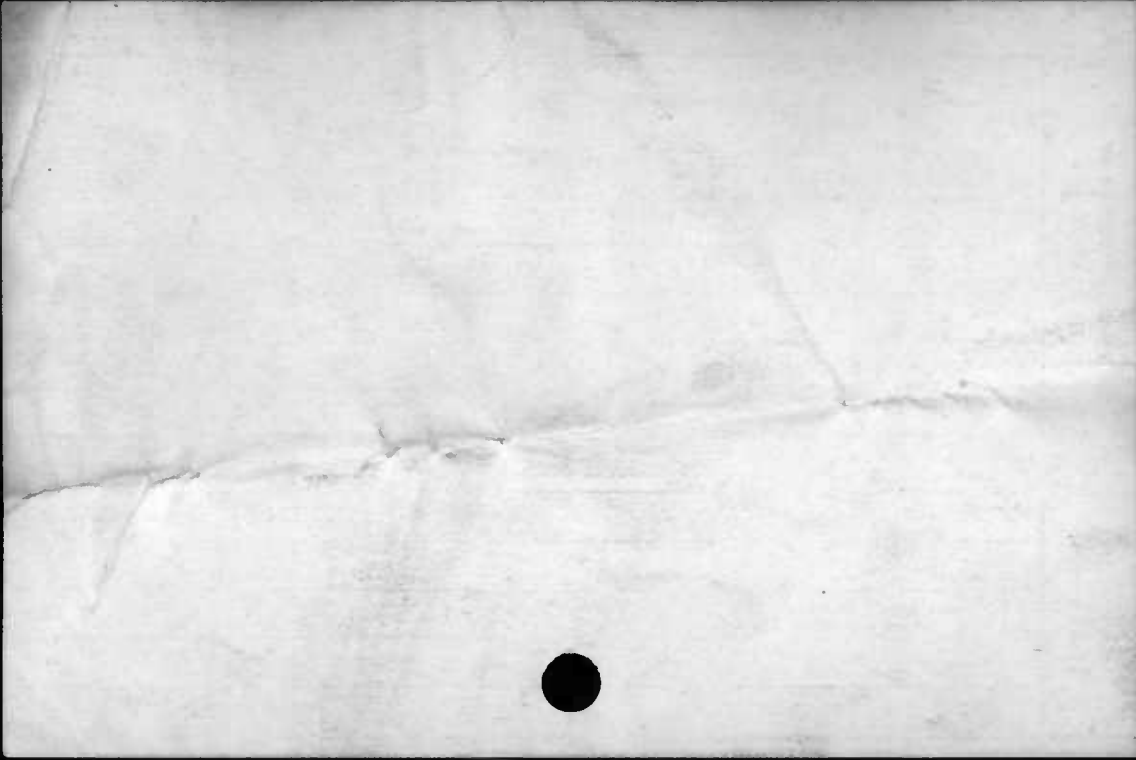
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ridgwilld</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1905	Month	<i>Nov</i>	Day	<i>16</i>
Age		Years	<i>9</i>	Months	<i>5</i>
Sex	<i>Male</i>	Color or Race	<i>White American</i>	Birth-place	<i>Ridgwilld</i>
Occupation	<i>Infant</i>	Where Residing if not at place of death <i>Ridgwilld</i>			
Married, Single or Widowed	<i>—</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Julius A. Hoob</i>			Father's Birthplace	<i>Ridgwilld Ind.</i>
Mother's Maiden Name	<i>Margaret Riddleman</i>			Mother's Birthplace	<i>Woodboro</i>
Name of person giving information	<i>Julius A. Hoob</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Anaemia</i>	How long	<i>7 weeks</i>
Immediate	<i>Asthma</i>	How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. J. Brownwell</i>
		Address	<i>Mt. Airy. Ind.</i>
Accident or Suicide?			



Name in Full Charles F. Norfel		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} Carrollton ^{County} Carroll		STATE OF MARYLAND
	Date of death 1905	Month Nov	Day 18
	Age 20		Months 9
	Sex Male		Color or Race White
	Occupation Farmer		Birth-place Maryland
	Where Residing if not at place of death		
Married, Single or Widowed Single		Name of Wife or Husband	
Father's Name Philip Norfel		Father's Birthplace Maryland	
Mother's Maiden Name Catherine Logerman		Mother's Birthplace Germany	
Name of person giving information Philip Norfel		How related to deceased Father	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	Pneumonia	How long 63
	Immediate	Heart Failure	How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Wm. B. Bell
			Address Christ Church
	Accident or Suicide?		

Leisler

Shawyer

Name
in
Full

Daniel S. Keyhan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Springfield Hospital

County Carroll

MARYLAND

Date of death 1905 Nov

Day 4th

Age Years 48

Months —

Days —

Sex male

Color or Race

White

Birth-place

Md.

Occupation

Salesman

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Ireland

Mother's Maiden Name

Maria Jones

Mother's Birthplace

Md.

Name of person giving information

Hospital records

How related to deceased

CAUSES OF DEATH

Primary

Epileptic Dementia

(68)

How long

2 1/2 years

Immediate

General debility

Are the name, age, sex, color, date and place correctly given above?

To best

Signature of Physician

Chas. J. Carey

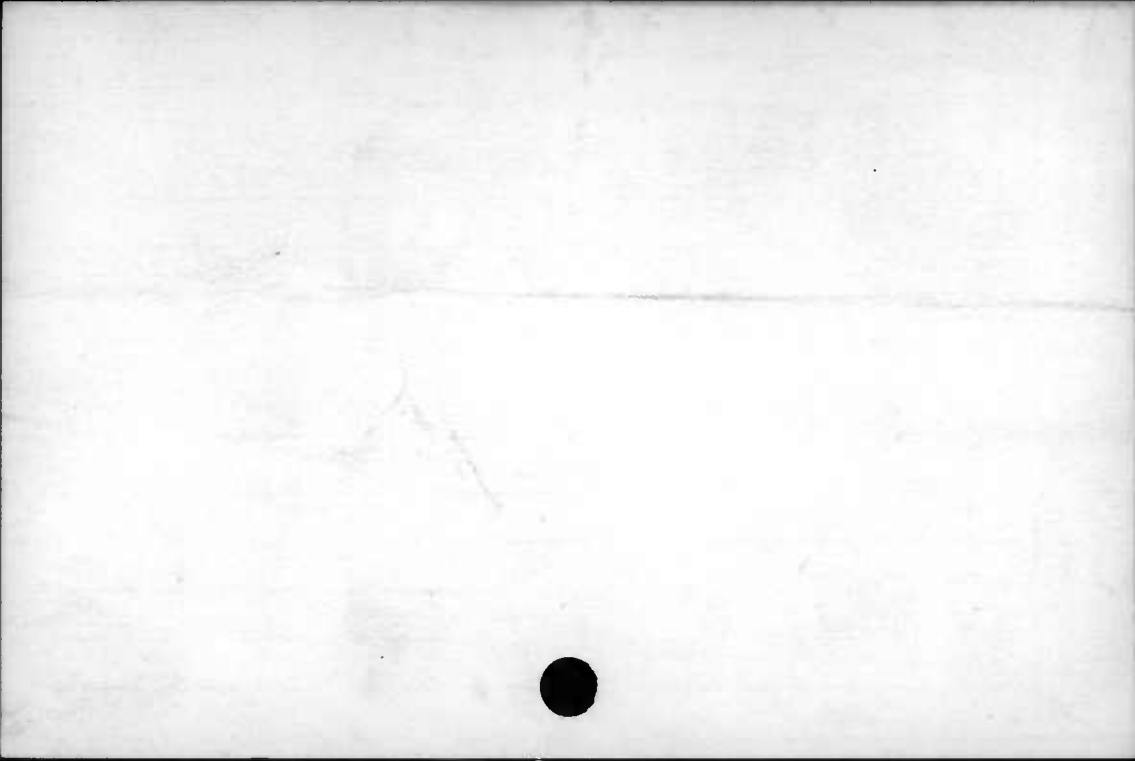
Address

Lysenville Md.

of my knowledge

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

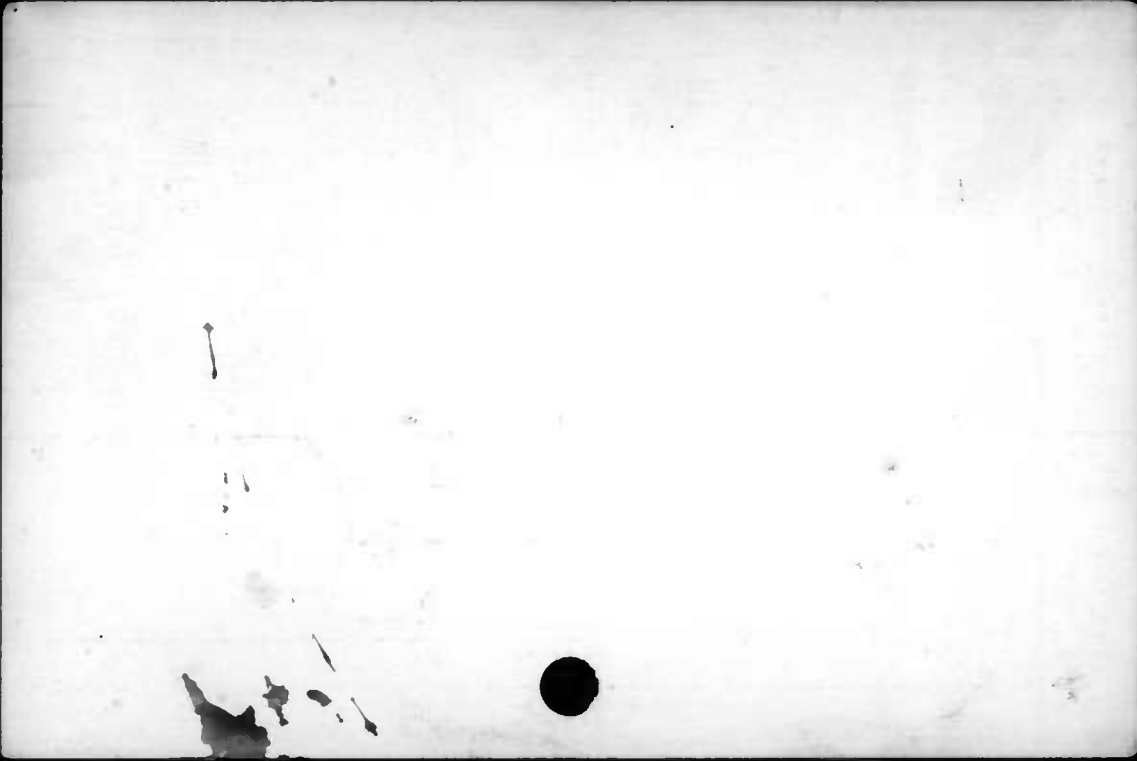
TO BE ANSWERED BY
NEAREST FRIEND

Catharine Lightenburger		Wakefield		Leann		MARYLAND	
Died at		Town		County			
Date of death		Month		Day		Years	
1908		Nov		15		Age 50	
Sex		Color or Race		Birth-place		Months	
Female		W.		Md			
Occupation		Where Residing if not at place of death					
Housewoman		Wakefield					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Bronchitis	How long	90
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	y/s	Signature of Physician	Ira E Whitehill M.D.
		Address	New Windsor
			Md
Accident or Suicide?			



Name in Full		Florence May Loelland				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Westminster	County Carroll	MARYLAND		
		Date of death	1905	Month Nov	Day 10	Age 34	Years —	Months —
		Sex	Female		Color or Race	White		Birth- place
		Occupation	—		Where Residing if not at place of death		Maryland	
		Married, Single or Widowed	Widow		Name of Wife or Husband	Edward C. Loelland		
Father's Name		Simon J. Reese			Father's Birthplace		Maryland	
Mother's Maiden Name		Elizabeth Bullis			Mother's Birthplace		do	
Name of person giving In formation		Simon J. Reese			How related to deceased		Father	
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Acute Tuberculosis				1 yr		
		Immediate				How long		
		Exhaustion				3 to 6 wks		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. D. Wells				
		Address		Westminster, Md				
Accident or Suicide?								

Knicker

Name
in
Full

Mary Lovell

CERTIFICATE OF DEATH

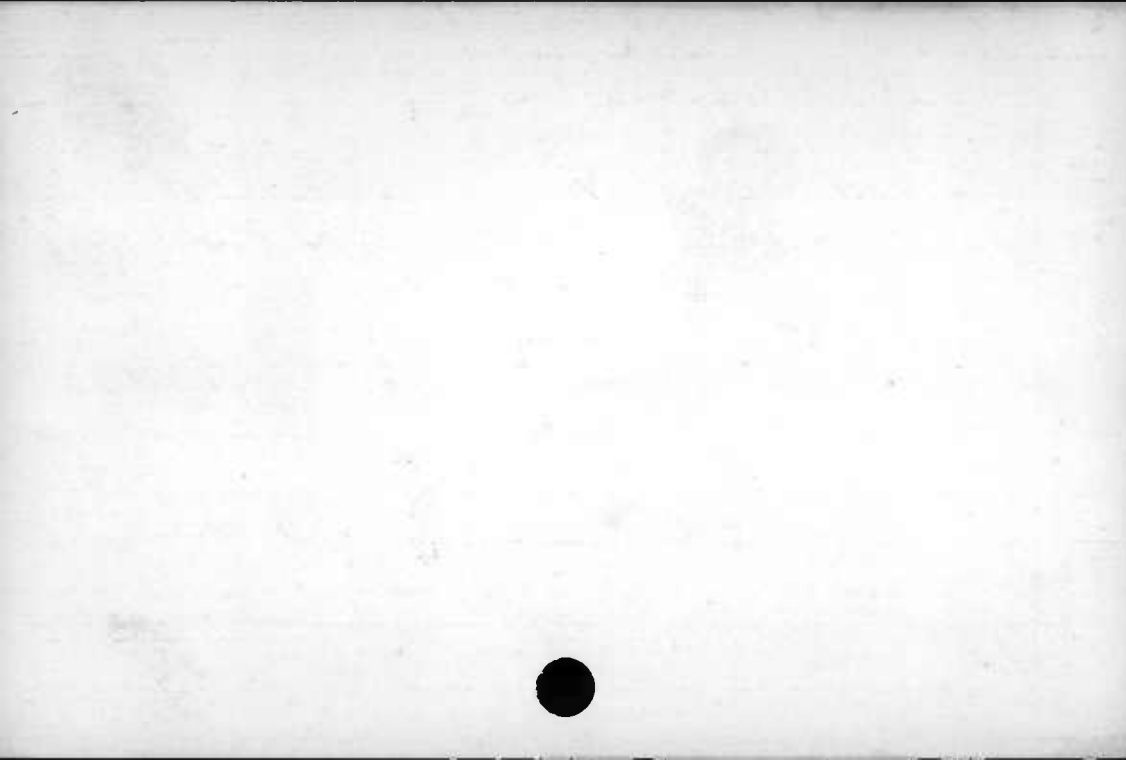
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town New Windsor		County Carroll		MARYLAND	
Date of death	1905	Month Nov	Day 5	Age	82	Months 11	Days 27
Sex	Female		Color or Race	W		Birth-place	Md
Occupation	Housewife			Where Residing if not at place of death New Windsor			
Married, Single or Widowed	Widowed		Name of Wife or Husband John H Lovell				
Father's Name	Joseph Cushing					Father's Birthplace	Md
Mother's Maiden Name	Susan Franklin					Mother's Birthplace	Md
Name of person giving information	John Hawk					How related to deceased	son-in-law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senile Debility -	How long	(154)
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E. H. Brown M.D.	
		Address New Windsor	
Accident or Suicide?			



Name
in
Full

William A Mengel

CERTIFICATE OF DEATH

MARYLAND

917

To BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} East View ^{County} Carroll

Date of death 1905 ^{Month} Nov ^{Day} 22 ^{Age} 39 ^{Years} 3 ^{Months} 28 ^{Days}

Sex Male ^{Color or Race} white ^{Birth-place} Maryland

Occupation Keeper of Saloon ^{Where Residing if not at place of death} Baltimore Md

Married, Single or Widowed Married ^{Name of Wife or Husband} Louisa Gerhart

Father's Name Wm Mengel ^{Father's Birthplace} Germany

Mother's Maiden Name Mary Eickes ^{Mother's Birthplace} do

Name of person giving information Louisa Mengel ^{How related to deceased} wife

CAUSES OF DEATH

Primary Intercutolosis

How long 1 year

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Jos. J. Henning M.D.
Westminster
Md.

Accident or Suicide?

Shaver

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Minnie May Myers

Town

County

MARYLAND

Died at *Hampstead**Carroll*Date of death *1905*Month *11*Day *23*Age *24*

Years

Months *4*Days *27*Sex *Female*Color or
Race*White*Birth-
place*Hampstead Md*

Occupation

*Cotton Mill operative*Where Residing if not
at place of death~~Married~~ Single
~~Widowed~~Name of Wife or
HusbandFather's
Name*Jacob J. Myers*Father's
BirthplaceMother's
Maiden Name*Annie B. Harris*Mother's
BirthplaceName of person giving
Information*Jacob J. Myers*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

18 mos

Immediate

Cardiac Failure

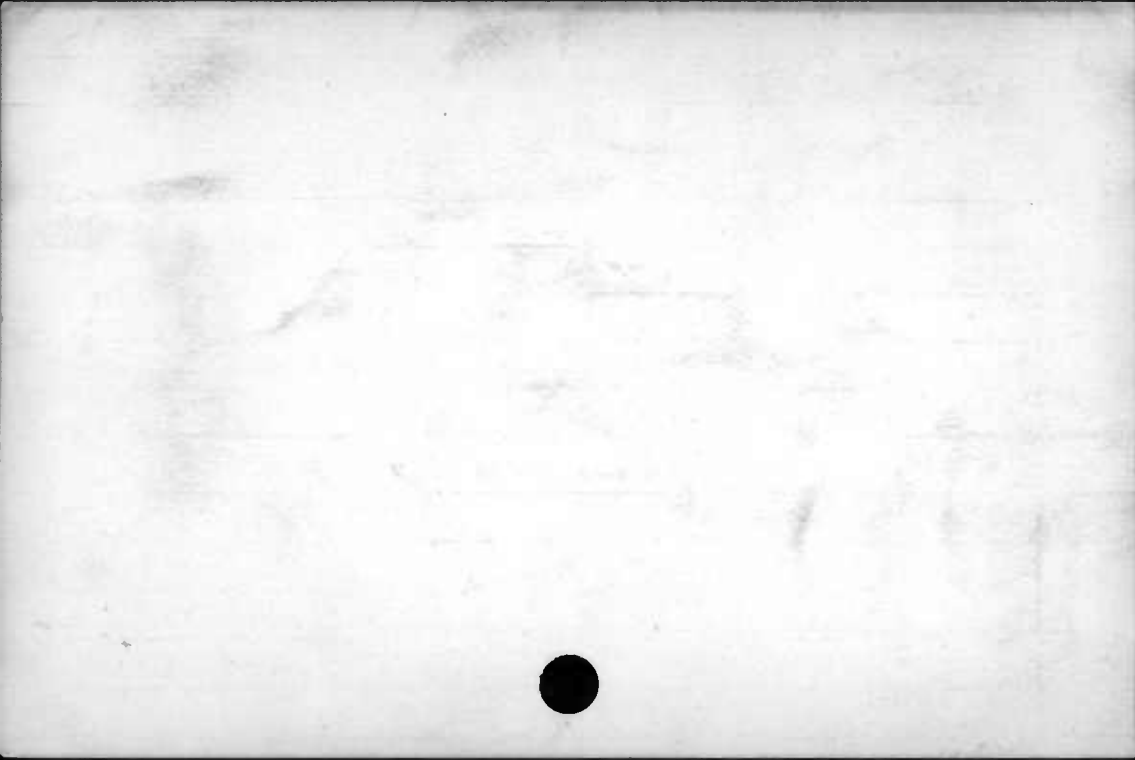
How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Edgar M. Bush*

Address

*Hampstead**Md.*

Accident or Suicide?



Name
in
Full

Ann Reeder

CERTIFICATE OF DEATH

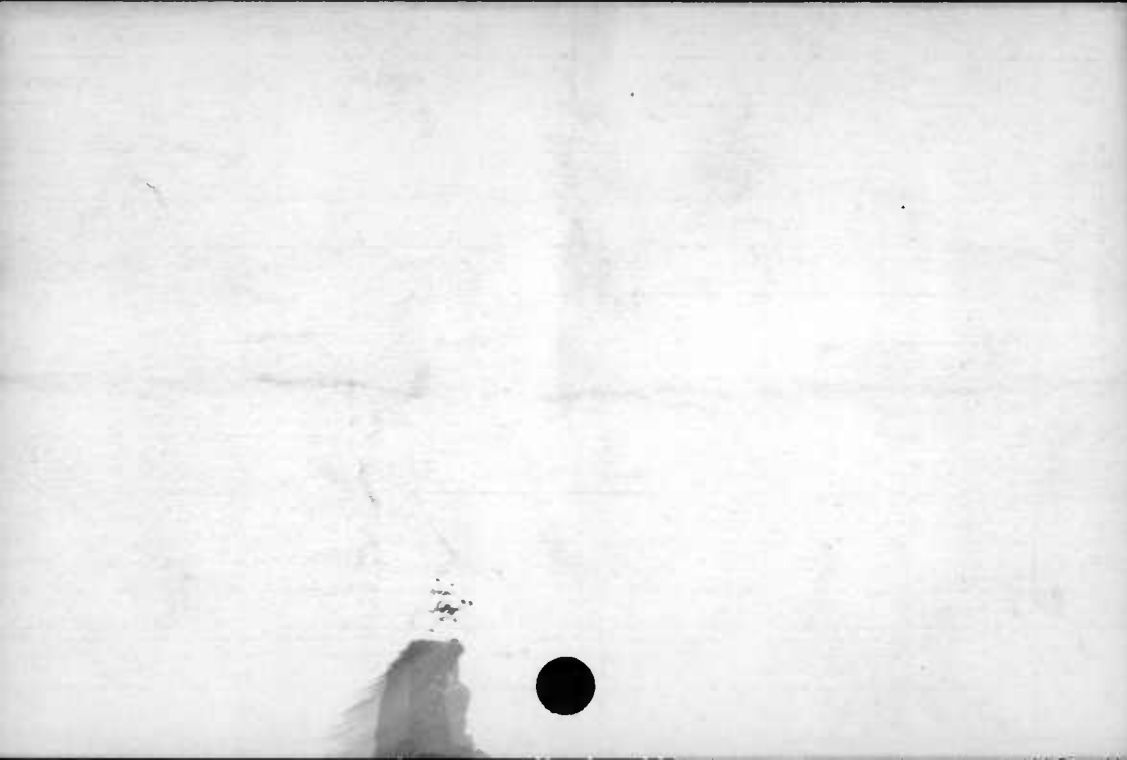
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sykesville</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND			
Date of death	<i>1905</i>	<i>11th</i> <small>Month</small>	<i>17th</i> <small>Day</small>	Age <i>75</i> <small>Years</small>	<small>Months</small>	<small>Days</small>	
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Ireland</i>
Occupation	<i>None</i>			Where Residing if not at place of death			<i>-</i>
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband	<i>Not known</i>			
Father's Name	<i>Unknown</i>				Father's Birthplace	<i>Ireland</i>	
Mother's Maiden Name	<i>Unknown</i>				Mother's Birthplace	<i>Ireland</i>	
Name of person giving information	<i>Mrs Richard Glennan</i>				How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile Dementia</i>	How long	<i>Four Years</i>
Immediate	<i>Exhaustion</i>	How long	<i>-</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>John Norfolk Morris M.D.</i>	
		Address	
		<i>Springfield Hall Hospital</i>	
		<i>Sykesville, Carroll Co., Md</i>	
Accident or Suicide?		<i>-</i>	



Name in Full		Charles Schaeffer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Westminster		County		Carroll	
	Date of death		1905	Month	Nov	Day	5
	Age		60		Years		
	Sex		Male		Color or Race	White	
	Birth-place		Maryland				
	Occupation		Manufacturer		Where Residing if not at place of death		
	Married, Single or Widowed		Married		Name of Wife or Husband		Aminie Englar
PHYSICIAN OR CORONER	Father's Name		George Schaeffer		Father's Birthplace		Maryland
	Mother's Maiden Name		Catharine A. Schaeffer		Mother's Birthplace		do.
	Name of person giving information		Aminie Schaeffer		How related to deceased		Wife
	CAUSES OF DEATH						
	Primary		Paresis & Nephritis		How long		(1) 2 years
Immediate		Uremia		How long		1 week	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		H. Woodward	
Address		Westminster		Md			
Accident or Suicide?		No					

Kinder's

TO BE ANSWERED BY

NEAREST FRIEND

me
in
Full

William Henry Sharffer				CERTIFICATE OF DEATH			
Died at		Town Westminster		County Carroll		MARYLAND	
Date of death		Month Nov.	Day 27	Age 67	Years	Months 10	Days 12
Sex Male		Color or Race White		Birth-place Carroll Co. Md			
Occupation Clerk.				Where Residing if not at place of death			
Married, Single or Widowed Widower		Name of Wife or Husband -					
Father's Name Dead				Father's Birthplace Carroll Co			
Mother's Maiden Name				Mother's Birthplace Carroll Co			
Name of person giving information Frank. Sharffer				How related to deceased Son			

CAUSES OF DEATH

Primary

Pneumonia -

How long

9 days

Immediate

Heart Failure

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Thos S. Mathias.

Address

Westminster
Maryland.

Accident or Suicide?

PHYSICIAN
OR CORONER

5
L
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3

4

5



Name in Full

Certificate of Death

David Theodore Sprinkle

Town

County

Died at Snyderburg

Carroll

MARYLAND

Date 1905-1
 Month Nov Day 14
 Age 2 Y. 5 M. 9 D.
 Native of Maryland
 Occupation
 Male White Married Widowed
 Female Colored Single Widower
 Number of children living

Husband of

Wife

Father's

Name

Lehas W. Sprinkle

Mother's

Name

Annie Is 24-

Cause of

Primary

Chronic Croup

How long sick

4 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

J. H. Sherman
 Manchester Carroll Co Md
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Henry Streaker

CERTIFICATE OF DEATH

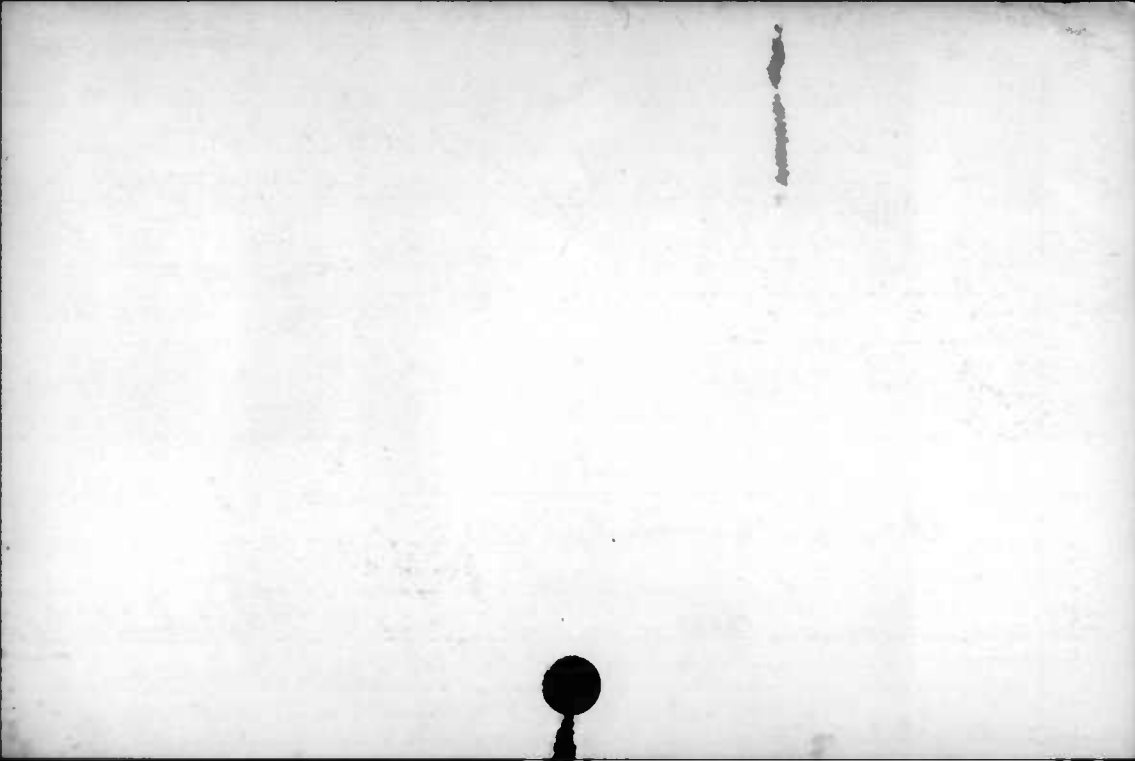
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Barrett		County Carroll		MARYLAND	
Date of death	1903-	Month Nov.	Day 3rd.	Age 5-9	Years 5-	Months 5-	Days 5-
Sex	male		Color or Race	white		Birth- place	Barrett Carroll Co
Occupation	Farmer			Where Residing if not at place of death Same			
Married, Single or Widowed	married		Name of Wife or Husband	Annie Streaker			
Father's Name	Augustus Streaker					Father's Birthplace	Cooksville Tenn
Mother's Maiden Name	Gwila Burgett					Mother's Birthplace	Int New Howard Co
Name of person giving In formation	William H Streaker					How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Apoplexy	How long	7 days
Immediate	Cerebral Hemorrhage	How long	7 "
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E D Cronk
		Address	Winfield Carroll Co.
Accident or Suicide?			



Name in Full

Certificate of Death

Sarah Yonne

Died at ^{Town} Lincolnton ^{County} Carroll

MARYLAND

Date ^{Month} 11 ^{Day} 15 ^{Y.} 18 ^{M.} 05 ^{D.} 05 Age 58, 7, 5 ^{Native of} Carroll ^{Occupation} Brander

~~Male~~ White ~~Marr'd~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living One

Husband of Was wife of Abram Yonne, who died several years ago.

Father's Name George Kerchner Mother's Name Bollinger

Cause of Death { Primary Intermittent disease of Heart how long sick 5 or 15 years
 Immediate General Dropsy

Death { Immediate General Dropsy Accident, Suicide, Homicide

Reported by Thelma L. Stick

Address Glenville, Ga. & R.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708



Name
in
Full

Melville H. Utz

CERTIFICATE OF DEATH

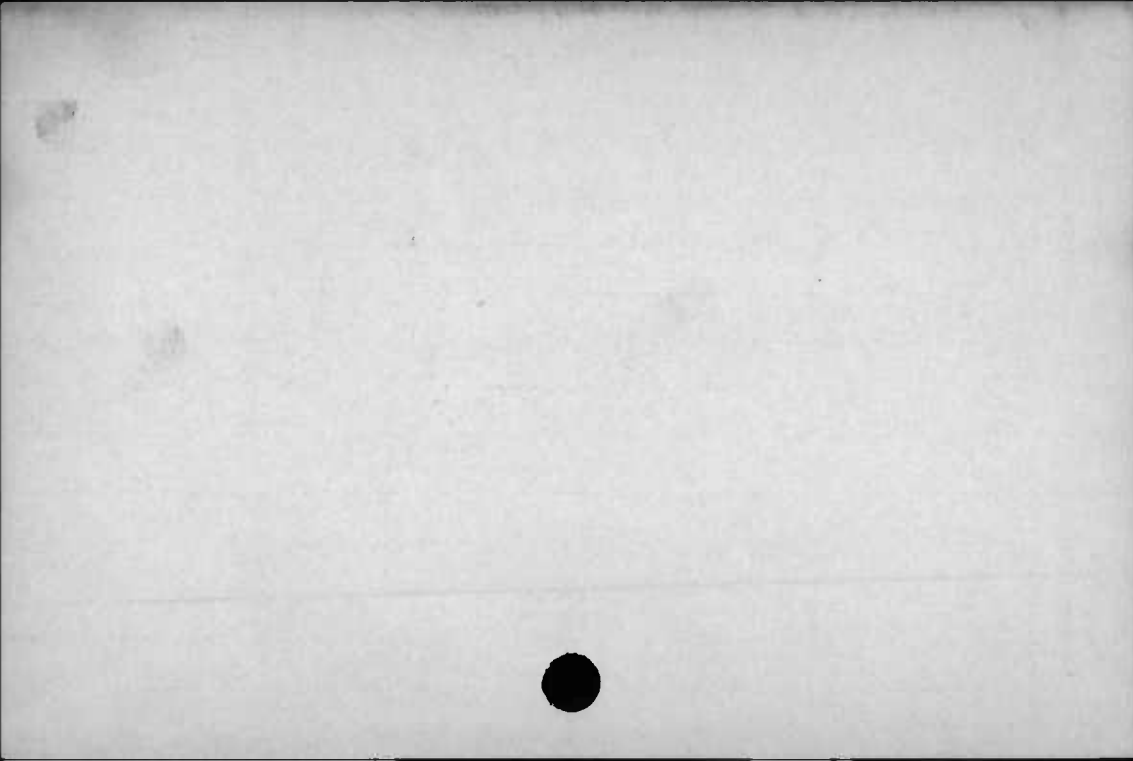
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Rockbrook		County Carroll		MARYLAND	
Date of death	1905	Month Nov	Day 26	Age 33	Years	Months 4	Days 19
Sex	Male		Color or Race	White		Birth- place	Md
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	Sarah J. Folk			
Father's Name	David Utz			Father's Birthplace	Md.		
Mother's Maiden Name	Angelina Baublitz			Mother's Birthplace	Md.		
Name of person giving In formation	W. L. Shearer			How related to deceased	Acquaintance		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Adverse disease		How long	4 months
Immediate	Paralysis		How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			Manchester	
Accident or Suicide?				



Name
in
Full

George Wagner

CERTIFICATE OF DEATH

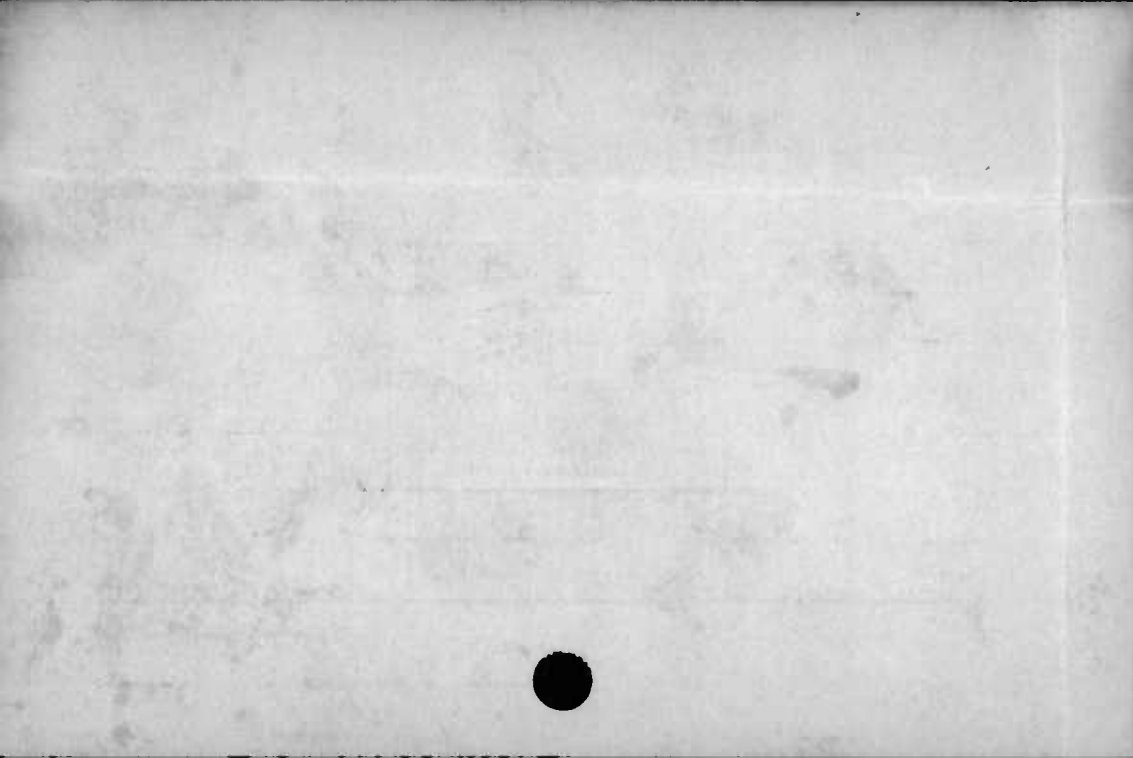
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>6 District</u>		County <u>Carroll</u>		State <u>MARYLAND</u>	
Date of death <u>1905</u>	Month <u>April</u>	Day <u>29</u>	Age <u>78</u> Years	<u>11</u> Months	<u>5</u> Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Germany</u>		
Occupation <u>Granner</u>	Where Residing if not at place of death <u>at his home Place</u>				
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Eva Duple</u>				
Father's Name <u>John Wagner</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Elisabeth Light</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>6 H Wagner</u>	(166)		How related to deceased <u>his son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Paralysis of heart</u>	How long <u>11 months</u>
Immediate <u>Paralysis of heart</u>	How long <u>5 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>E. R. Albright M.D.</u>
	Address <u>Blum Rock</u>
Accident or Suicide?	<u>R. F. G. #1</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

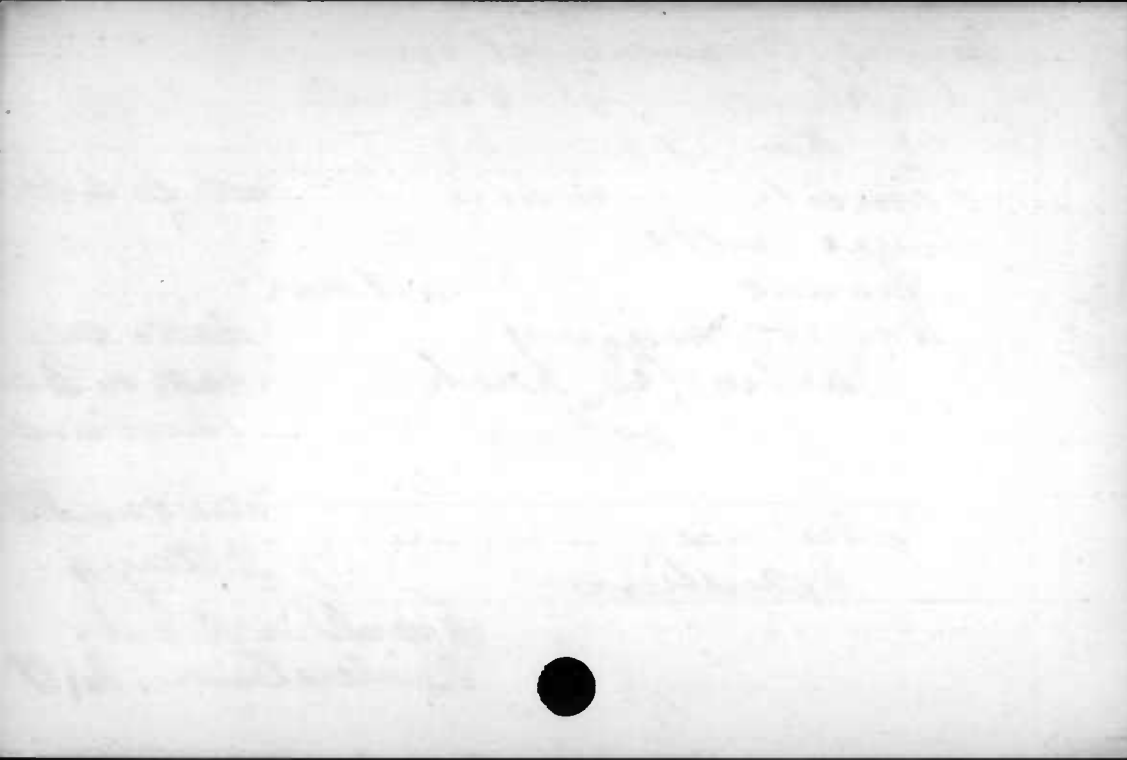
Died at *New Windsor* Town *Carroll* CountyDate of death *1906* Month *Nov* Day *3* Age *71* Years Months *8* DaysSex *Male* Color or Race *W* Birth-place *Germany*Occupation *Farmer* Where Residing if not at place of death *New Windsor*Married, Single or Widowed *Married* Name of Wife or Husband *Mary Wilhelm*Father's Name *John Lewis Wilhelm* Father's Birthplace *Germany*Mother's Maiden Name *Sophia Cumbach* Mother's Birthplace *Germany*Name of person giving information *Chas. Petty* How related to deceased *son in law*

CAUSES OF DEATH

Primary *Complication of disease* How long *6 months*Immediate *Urinary poisoning* How long *1 week*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Walter H. Johnson*Address *New Windsor*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Mary Emma Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Oakland</u> ^{Town}		<u>Barroll</u> ^{County}		MARYLAND		
Date of death <u>1905</u>		<u>Nov</u> ^{Month}	<u>18</u> ^{Day}	<u>27</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Balto co Md</u>		
Occupation <u>House wife</u>		Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u>married</u>		Name of Wife or Husband <u>J. F. Wilson</u>				
Father's Name <u>Wm H Murrey</u>		Father's Birthplace <u>Balto city</u>				
Mother's Maiden Name <u>Barbara W. Nash</u>		Mother's Birthplace <u>Balto co Md</u>				
Name of person giving information <u>J F Wilson</u>		How related to deceased <u>Husband</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>about 6 months</u>
Immediate <u>Exhaustion</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Franklin H Erb</u>
	Address <u>Reisterstown, Md</u>
Accident or Suicide?	

